



# DEVELOPMENT OF WOMEN AND CHILDREN IN RURAL AREAS (DWCRA)

A HANDBOOK



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# DEVELOPMENT OF WOMEN AND CHILDREN IN RURAL AREAS (DWCRA)



A Handbook



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# FOREWORD

The community development programme in India imparted a wide dimension to the concept of rural development. It set into motion a development process, which made people functionally efficient, socially satisfied, culturally enlightened and politically conscious. Crucial to the programme was the people's involvement and their active participation in the development process.

Various evaluation studies of the programme of rural development have confirmed that in a poverty ridden rural society like ours, essential basic service to the rural community will be those which bring the people above the poverty line. It is also an accepted fact that to achieve fuller development, it is necessary to cross the barriers of ill health, crippling diseases, unhealthy environment, poor housing conditions etc. These harm the women and children more than they do the men. In a poor community, both men and women have to work hard to earn and support the living of the family at subsistence level but women have to suffer more from stress and strain in fulfilling their multifarious role both in, and outside, the home, with a lesser share of food in the family food basket. They have to fend for fuel, fodder, carry and store water; and these items are often not available in close proximity. A life of hard work, drudgery and malnutrition affects the health of the children due to lack of nourishment and inadequate care. Education of children suffers as siblings are usually left to the care of older children, particularly the girls. The women in rural areas are far behind in literacy, education and technical skills. The potential of half of the human resources is thus not fully realized.

A situation like this clearly establishes the need to see how women can be helped to reduce their drudgery and widen their opportunities and options to build up their self-confidence and abilities for their own development as well as that of the community. Their well being is basic to the proper growth of children. An environment is to be created in which a child will grow up as a healthy citizen.

The scheme for the development of women and children in rural areas (DWCRA) takes all these aspects into account. It adds a new dimension to the current programme of integrated rural development. One of the essential requirements for proper implementation of such a scheme is the right perception of its objective and approach on the part of the organizers and workers. The scheme relies greatly on community participation and decentralized planning. These are basic to its successful implementation. Meaningful linkages with various other on-going programmes like health services, rural water supply, improvement and protection of environment will be necessary. In the past, many programmes meant to develop the women and children lost their usefulness due to operational inadequacies and lack of proper understanding. This handbook spells out the approach and the operational details of the DWCRA and hopefully will serve as a good guide for those engaged in the planning and implementation of the scheme.

I am grateful to the UNICEF for bringing about this handbook.

S. C. VARMA

Secretary to the Government of India



# **1. DW/CRA : THE CONCEPT**



# What is DWCRA ?

DWCRA means development of women and children in rural areas.



DWCRA is aimed at families below the poverty line and is designed to :

- improve the survival position and quality of life of young children and women
- enable women to increase their earning power and to participate in development programmes
- increase the impact of ongoing existing development programmes by stimulating, supplementing, strengthening and integrating them
- involve the community in planning and implementing the programme so that this need-based development activity will be carried on by the community even after outside assistance is withdrawn



# Why DWCRA ?

DWCRA is meant to complement and complete the economic schemes of the rural development programmes by :

focussing on women in economic development activities



improving the use and effectiveness of existing social services



developing the potential of rural women's groups such as mahila mandals and cooperatives



DWCRA aims particularly at women and children because, when resources are scarce and services few, it is the women and children who are most affected. Thus, it is not enough to merely bring in outside aid. Rather, it is important to effect a lasting impact on the quality of life of rural women and children.



# Where and how will DWBCRA operate ?

DWBCRA is targetted to operate in 50 backward districts for a 10-year period starting in 1982.

The districts will be selected on the basis of :

(a) the target population

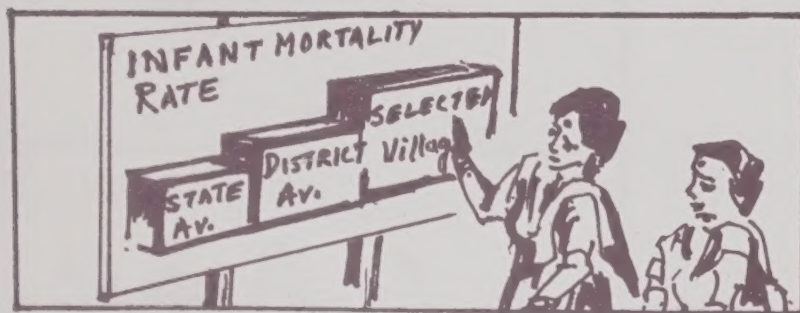
(b) the area

(a) will relate to villages with

(b) will relate to areas that are



children—more in number than the national/state average :  
and/or



an infant mortality rate higher than the national/state average  
and/or



female literacy below national/state average

backward, drought-prone tribal or hilly where IRDP activities have begun in at least two blocks and where other development programmes are functioning

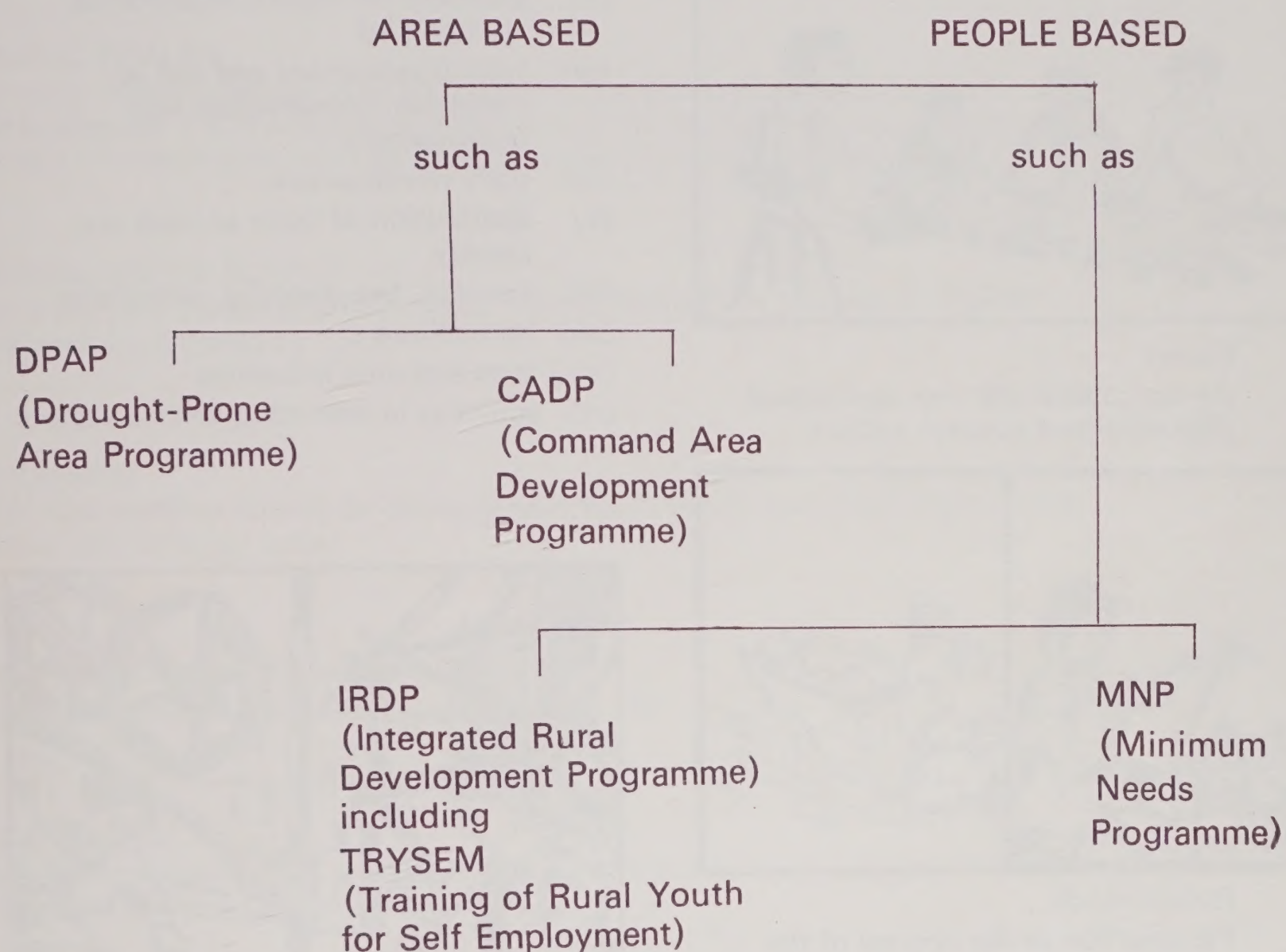


in which the minimum infrastructure, in terms of development staff, for example, gram sevikas and mukhya sevikas, is already existing.



# Which are the other programmes already functioning ?

These are programmes of two kinds





# People based programmes

## The Integrated Rural Development Programme

1. Aims at :

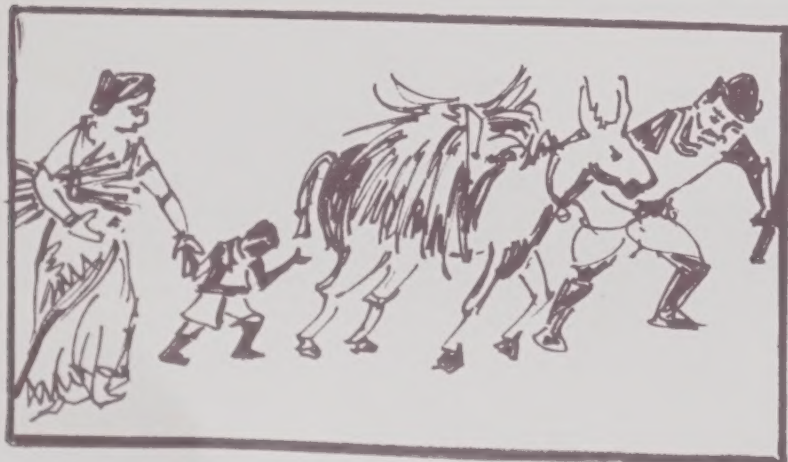
- (i) the removal of rural unemployment and significant under-employment
- (ii) an appreciable rise in the standard of living of the poorest of the rural poor



2. Covers  
the agricultural and non-agricultural  
(industrial and tertiary) sectors



3. Recommends  
the selection of the poorest of the  
poor as participants



4. Provides

- a package of services so that participants cross the poverty line. These include schemes for :
- (i) individual and community irrigation works
  - (ii) subsidies for inputs, implements, storage bins
  - (iii) land development and soil reclamation, conservation and improvement
  - (iv) dairy development
  - (v) distribution of other animals and poultry
  - (vi) fisheries, bee-keeping, sericulture
  - (vii) horticulture
  - (viii) farm and rural industries
  - (ix) activities in marketing service sectors



IRDP also provides for infrastructure development and support by and to credit institutions



# The Minimum Needs Programme

The Minimum Needs Programme aims at :

## EDUCATION

both formal and non-formal of all children (6-14 years) and adults (15-35 years) by 1990.

## RURAL HEALTH

in order to reach health to all by 2000 AD, to have one community health volunteer per 1000 population or per village. In addition, the programme aims at increasing the number of primary and community health centres.

## RURAL WATER SUPPLY

so that, with the exception of some difficult and desert regions, all problem villages are covered by 1985.

## HOUSING

for rural landless labour, by giving assistance in the form of land, construction materials, drinking water.

## ENVIRONMENTAL IMPROVEMENT

of urban slums. 100 per cent coverage by 1990.

## NUTRITION

with integrated feeding and health services for pre-school and primary school children and pregnant/nursing women.



# How is DWCRA linked to IRDP ?

DWCRA is a sub-scheme of IRDP. Thus it has to work along with the economic sub-schemes of IRDP in a mutually supportive way.

One of the objectives of IRDP is to :

Identify gaps in the social infrastructure relating to health, medical facilities, drinking water supply, housing and education and to devise measures to fill such gaps.

Once such gaps have been identified, IRDP and DWCRA can be linked in the following ways :

## In PLANNING

DWCRA will involve the staff of the District Rural Development Agency (DRDA) in formulating its plan of action.

DWCRA will use IRDP household survey data to assess local needs and identify women and children in need of services

DWCRA will use credit reports of banks to plan income generating activities for women.

DWCRA will use IRDP village camps to identify community needs and priorities.

## In IMPLEMENTATION

DWCRA will ensure that women and local women's groups benefit from individual beneficiary schemes, credit subsidy and the training facilities provided by IRDP.



# To sum up : DWCRA builds upon the foundation of already existing programmes of development.

Services and activities such as the ones listed below

Income-generating activities for women

Appropriate technology

Pre-school education/childcare centres

Applied nutrition activities

Social Forestry

Functional literacy

Education in family welfare

Preventive and curative health care

Safe drinking water

Better environment (personal, home, village)

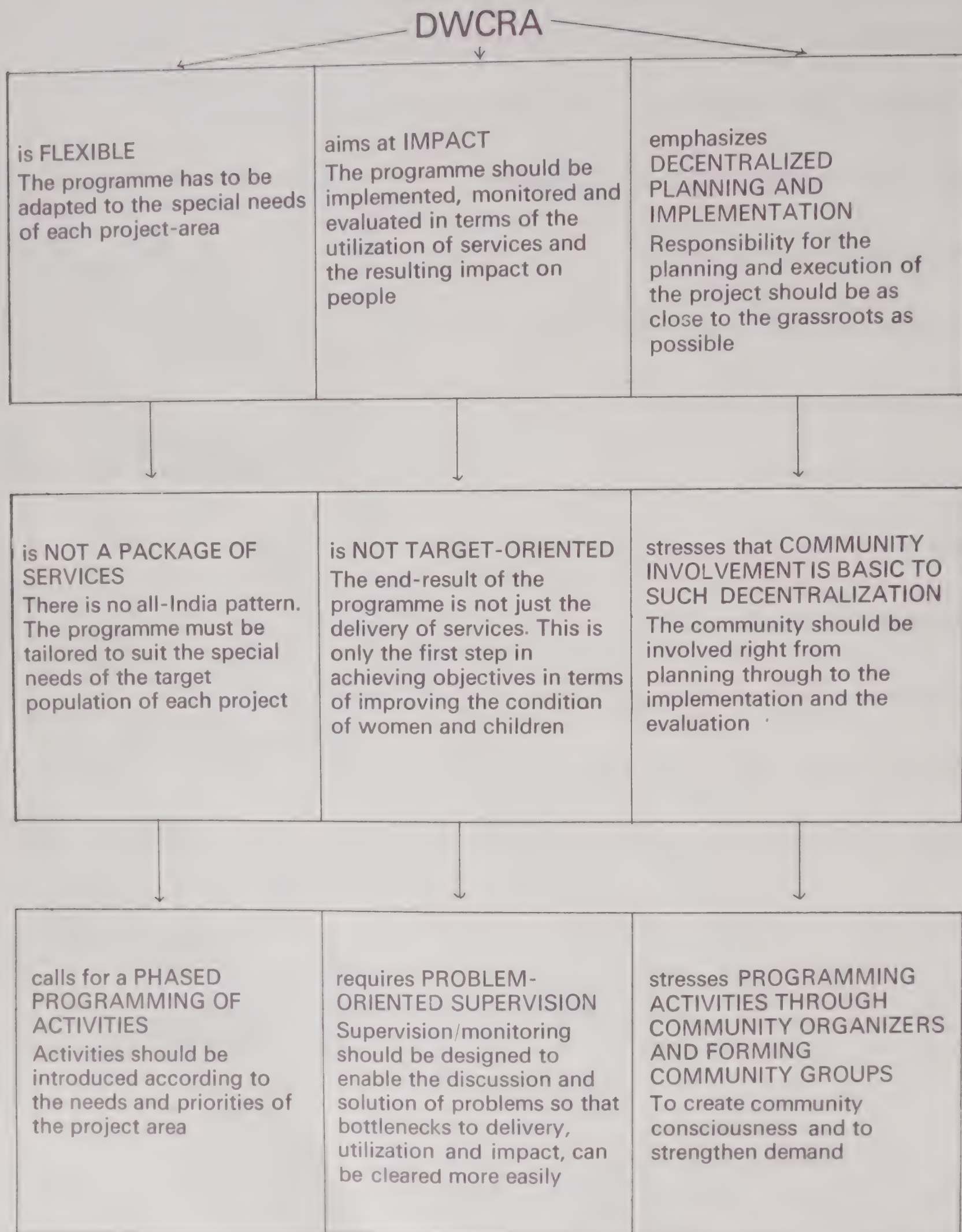
if already functioning in the area, are strengthened; those not in the area are phased on a priority basis, and the community is involved at every step in the process.



In addition, DWCRA provides a women's orientation to IRDP which it has not earlier had. It directs the economic schemes of IRDP towards women.

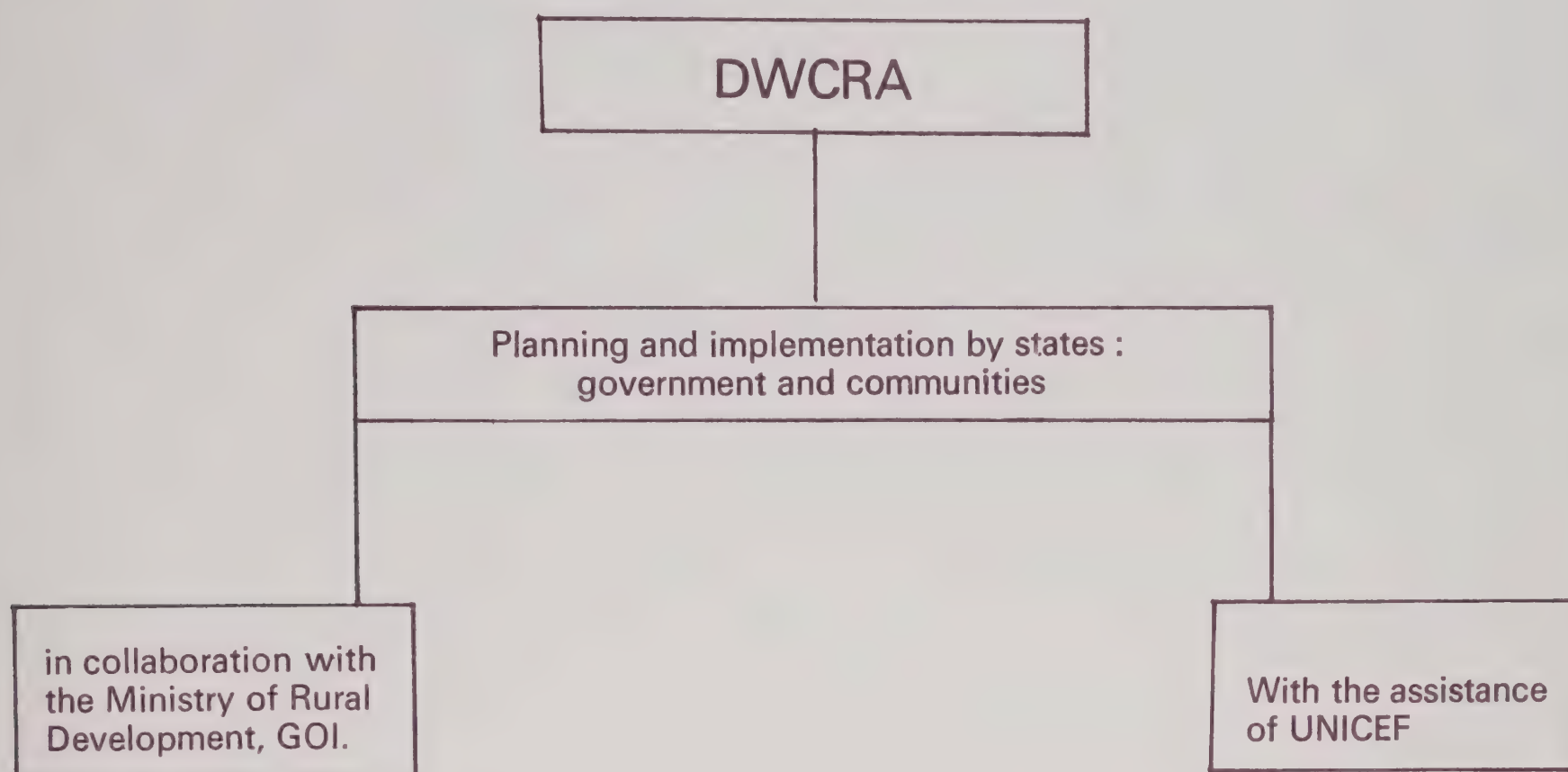


# In other words :





# How will DWCRA be planned, implemented and financed ?



## DWCRA : The finance

DWCRA will be financed jointly by :

- State governments
- the Government of India
- available community funds at district/block level
- UNICEF

Better utilization of Plan and non-Plan funds will be emphasized







## **2. DWCRRA : THE OBJECTIVES**



# DWCRA : The general objectives

DWCRA has been planned to meet the needs of rural women and children by improving their survival position and quality of life. It aims to bring about self-sustaining improvement in the quality of life through community action in such a way that development activity continues even after outside assistance has been withdrawn

## The Objectives

- To achieve a significant increase in the income of women in rural areas
- To strengthen the position of women through support to women's groups
- To improve the use and effectiveness of existing social services

The achievement of these objectives will result in fewer infant, child and maternal deaths, better health for women and children and improved female literacy.

Specific objectives will differ from area to area. Specific objectives for each project area will be identified after the baseline survey has been conducted. The objectives should be measurable and time-bound, so that their achievement can be assessed.



# Objectives into activities

The general objectives of DWBCRA are long-term and can only be achieved by a gradual, planned process. In order to translate general objectives into activities that are specific to an area, there are certain steps that can be followed. These are :

## STEP 1

Stating the GENERAL OBJECTIVES or the broad intention of the programme. For example, if the general objective is to increase the income of poor women in rural areas, the next stage will be :

## STEP 2

To look at the SPECIFIC OBJECTIVES such as factors (in quantifiable terms) that are particular to each specific project area.

For example, in order to achieve the general objective listed above, it may be necessary, in a particular area, to improve women's income-generating skills. The next stage will be :

## STEP 3

To specify certain ACTION ITEMS that are required in order to achieve the specific objectives.

For example, in order to improve women's income-generating skills, we may need to (i) identify skills and activities which can give income and (ii) organize training. This will lead to :

## STEP 4

To outline the input activities that are required for completing each action item. For example, if the action item is to organize training, the inputs required will be (i) people who can teach skills, (ii) raw materials and (iii) appropriate equipment.

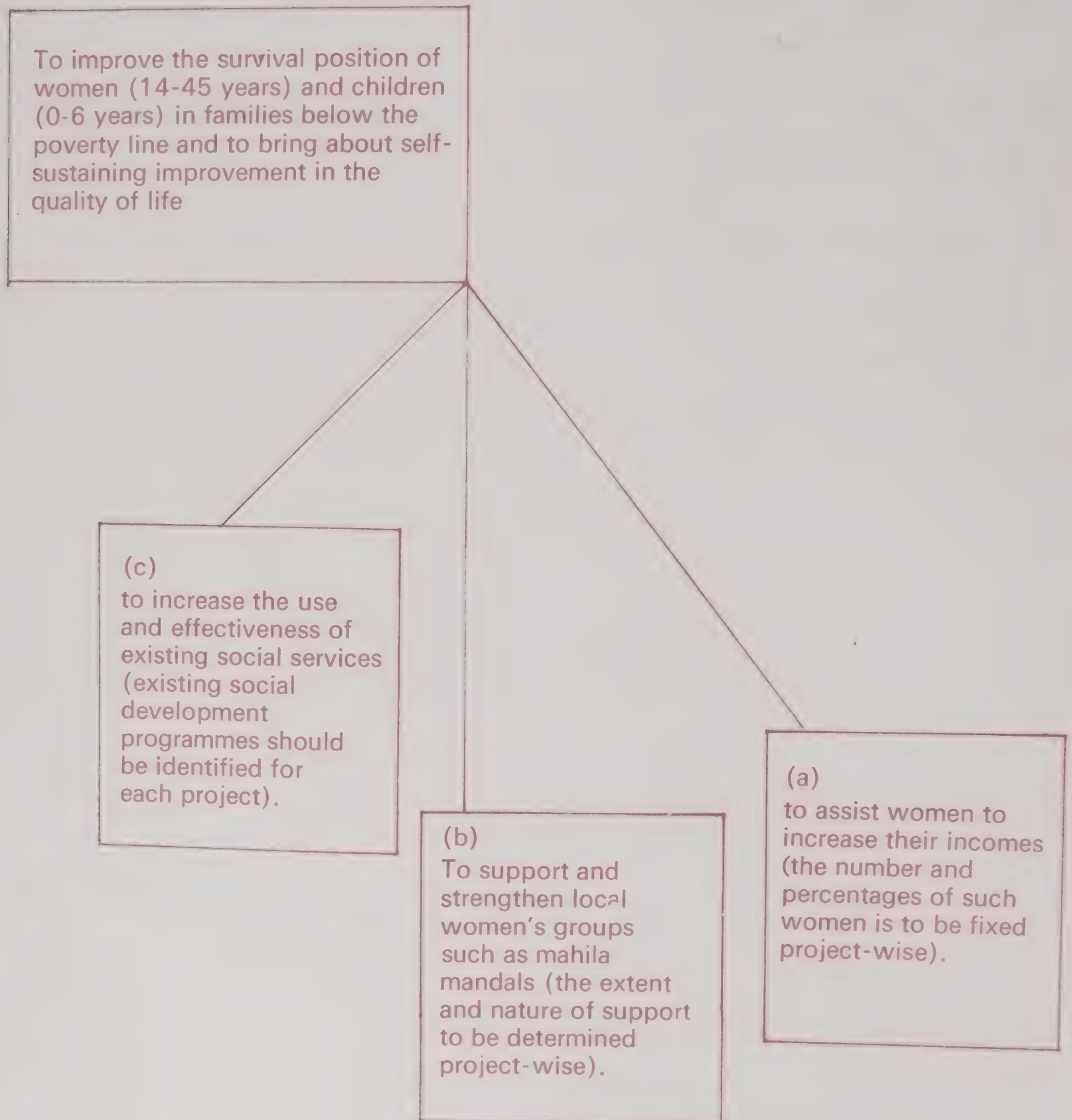
It is necessary to follow these steps because :

- input activities lead to the achievement of physical targets;
- these lead to the UTILIZATION of services related to each action item;
- this results in measurable short-term impact related to specific objectives;
- and these finally lead to the achievement of long-term goals.

**NOTE :** It helps to identify weakness/bottlenecks either in the process of implementation, or on the basis of evaluation.



# An example of general objectives into specific objectives





# Objectives into activities

## OBJECTIVES



Improvement of income-generating capacities

Facilitation of income-earning prospects

Better utilization of existing health services

Increased effectiveness of existing services

## ACTIVITIES



Training in relevant skills and crafts. Improved techniques in agriculture, horticulture, animal husbandry, social forestry and training in the above.

Credit cooperatives, marketing, training. Appropriate technology to reduce women's labour and improve working conditions, for example, improved handpumps, grain storage techniques etc.

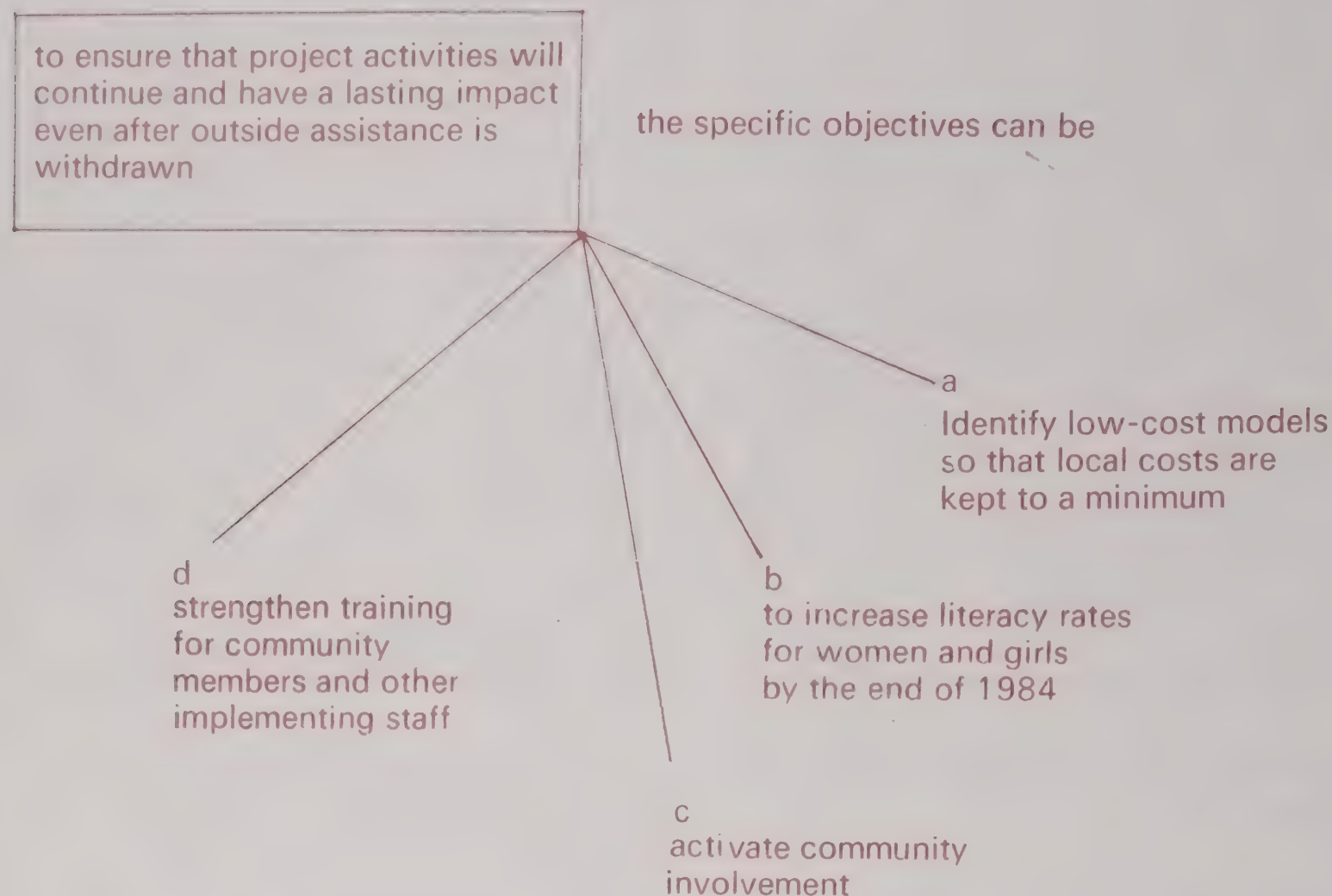
Child-care facilities—creches and balwadis. Organization of camps, meetings for health and nutrition education and for increasing awareness of existing facilities and programmes. Coordination with relevant functionaries at the village and block.

Training in improvement and maintenance of water, sanitation and waste-disposal facilities, home-based production and consumption of nutritious foods, post-harvest technology, home-based management of diarrhoea and other childhood ailments.



# General objective → Specific objectives

If the general objective of DW CRA is



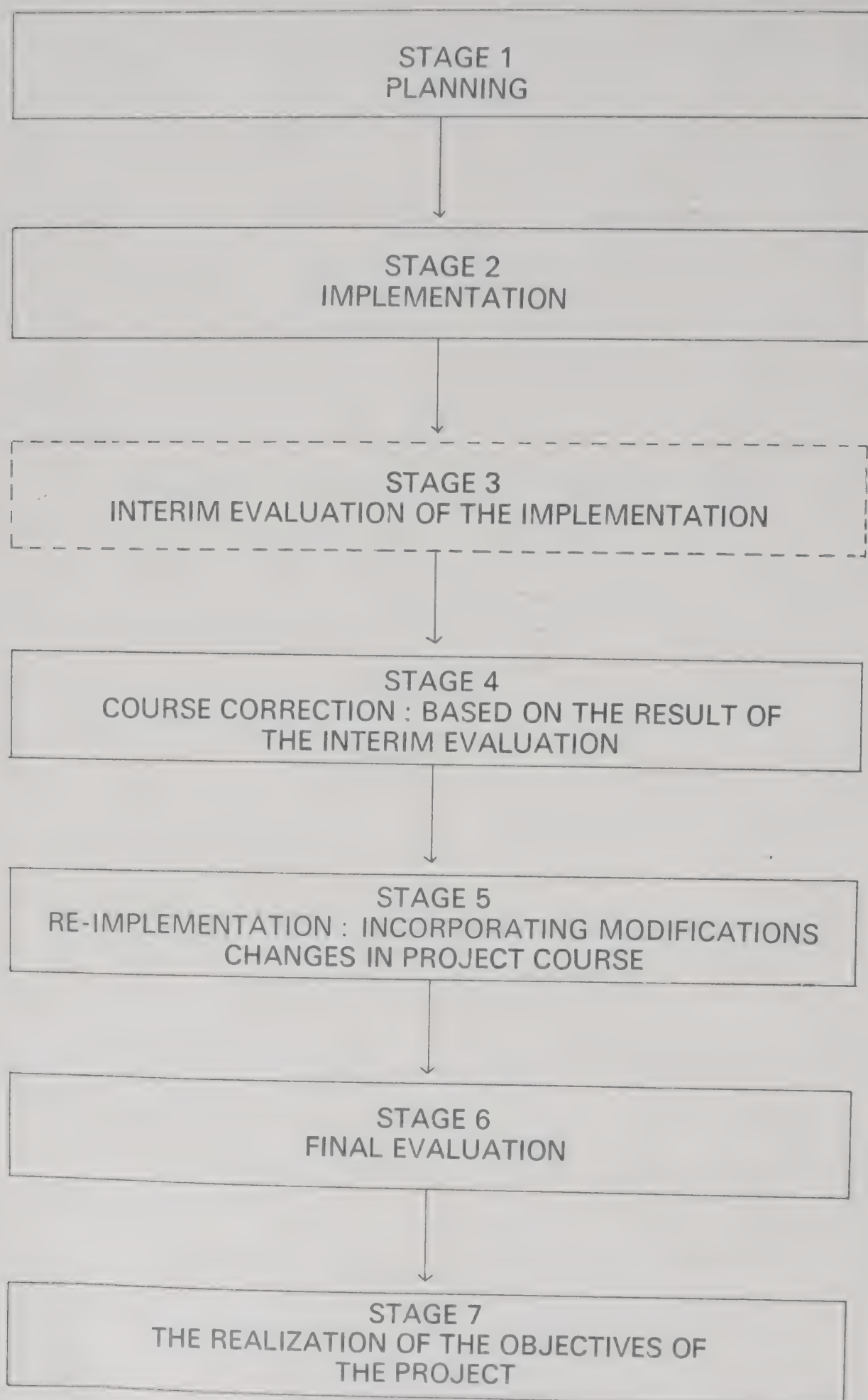
ACTION ITEMS	INPUTS
<p>Some of the action items will be :</p> <p>for (b) Non-formal functional literacy especially for women and girls</p> <p>for (c) Involving the community in : pre-project data collection, inventory of needs, planning, implementation, monitoring, evaluation, activating community involvement and deploying community organizers</p> <p>for (d) Deploying community organizers, organizing training in technical, management and social skills</p>	<p>Some of the inputs will be :</p> <p>for (b) Syllabus, equipment, personnel, training</p> <p>for (c) Equipment, personnel, training motivational communication</p> <p>for (d) Equipment, syllabus, personnel, communications support</p>



### **3. DWCRRA : THE PROCESS**



# DWCRA : The stages in the process



NOTE : If the final evaluation reveals objectives only partly realized, course correction is again necessary.



# DWCRA : The general components of implementation

The four basic components of implementation of DWCRA are:

## DECENTRALIZATION

DWCRA is not a programme that is planned to radiate from the centre to the grassroots. Rather it is one that should emerge from the grassroots up. Responsibility for its planning, implementation and evaluation therefore, rests with the people themselves.

## COMMUNITY INVOLVEMENT

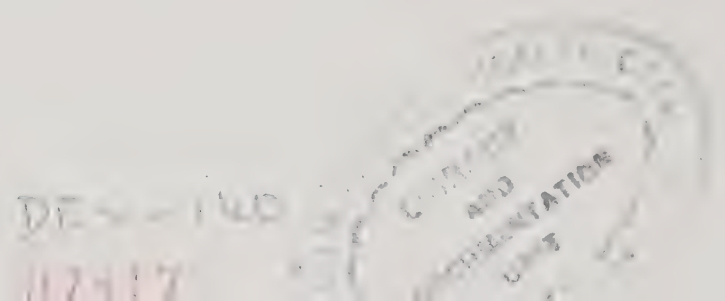
DWCRA aims at enabling the community to develop itself. It recognizes that the needs of the community are best defined by its members and that the planning, implementation and evaluation of the programme should come from them.

## TRAINING

Training community members and project personnel is essential to the implementation of DWCRA. Training does not only mean training in subject matter and technical skills. Personnel should also be trained in social skills so that the participatory, decentralized nature of the programme can be realized

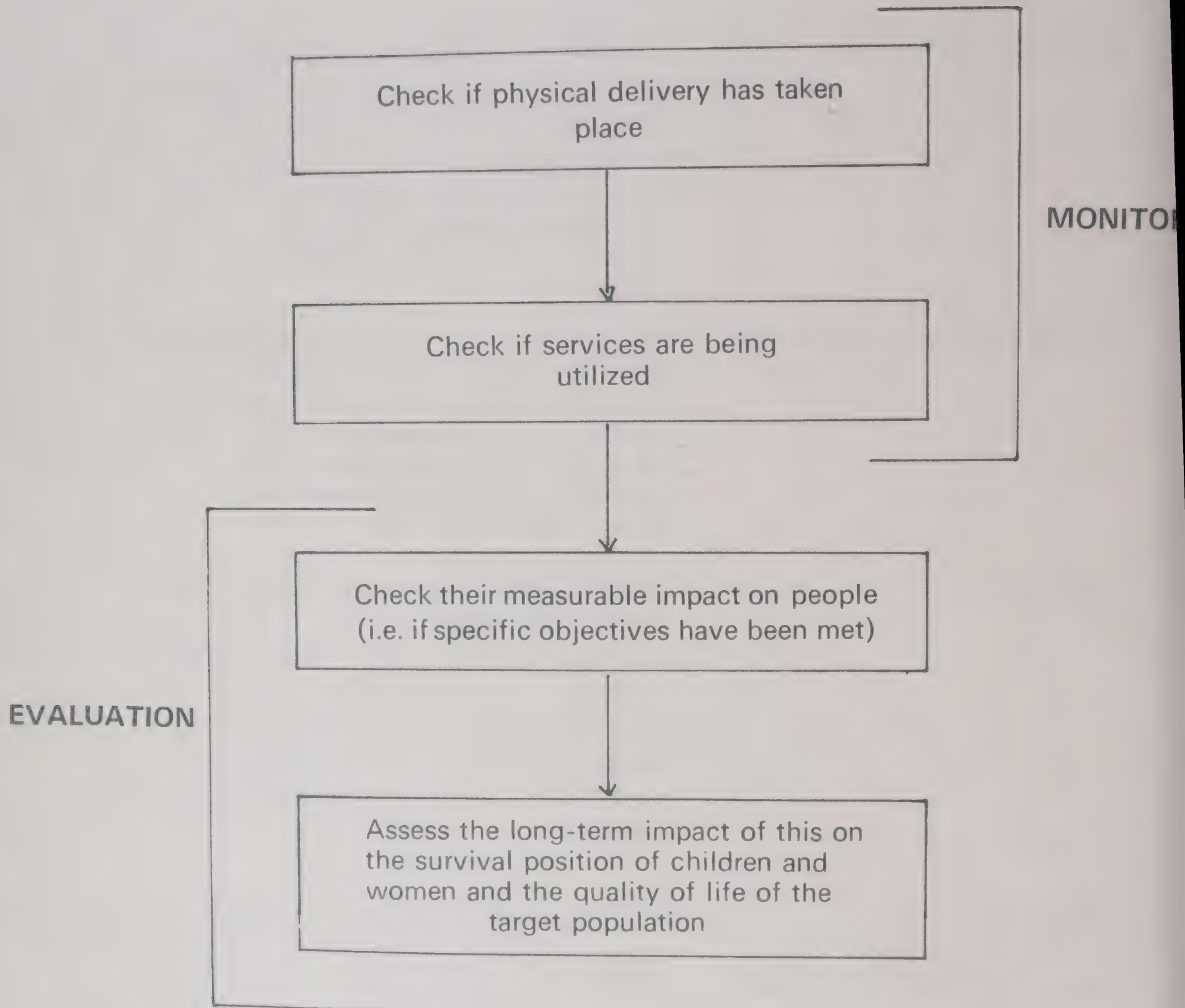
## JOINT EFFORT BY GOVERNMENT DEPARTMENTS AND THE COMMUNITY FOR WORKING TOGETHER

Both government departments and the community have a contribution to make in DWCRA and both must jointly ensure that community involvement and participation is kept alive at all stages.





# Monitoring and Evaluation : The stages



NOTE : Unless the earlier steps have been satisfactorily accomplished, the evaluation is irrelevant.



## 4. PLANNING : SOME CRITICAL EVENTS

# DWCRA : The preparatory activities

Some of the preparatory activities for DWCRA are:

## 1. Selecting the District :

The basic geographical area for DWCRA programming is the district. Criteria for selecting the district are :

- (i) the area is backward/drought-prone/tribal/hilly ;
- (ii) the infant mortality rate in the area is higher than the state or national average ;
- (iii) the child population in the age-group 0-6 years is higher than the state or national average ;
- (iv) the female literacy rate is lower than the state or national average;
- (v) the district has a minimum of two or more blocks where IRDP activities are in operation;
- (vi) the existence of a minimum infrastructure to facilitate the implementation of the programme.



## 2. Selecting the Project Area :

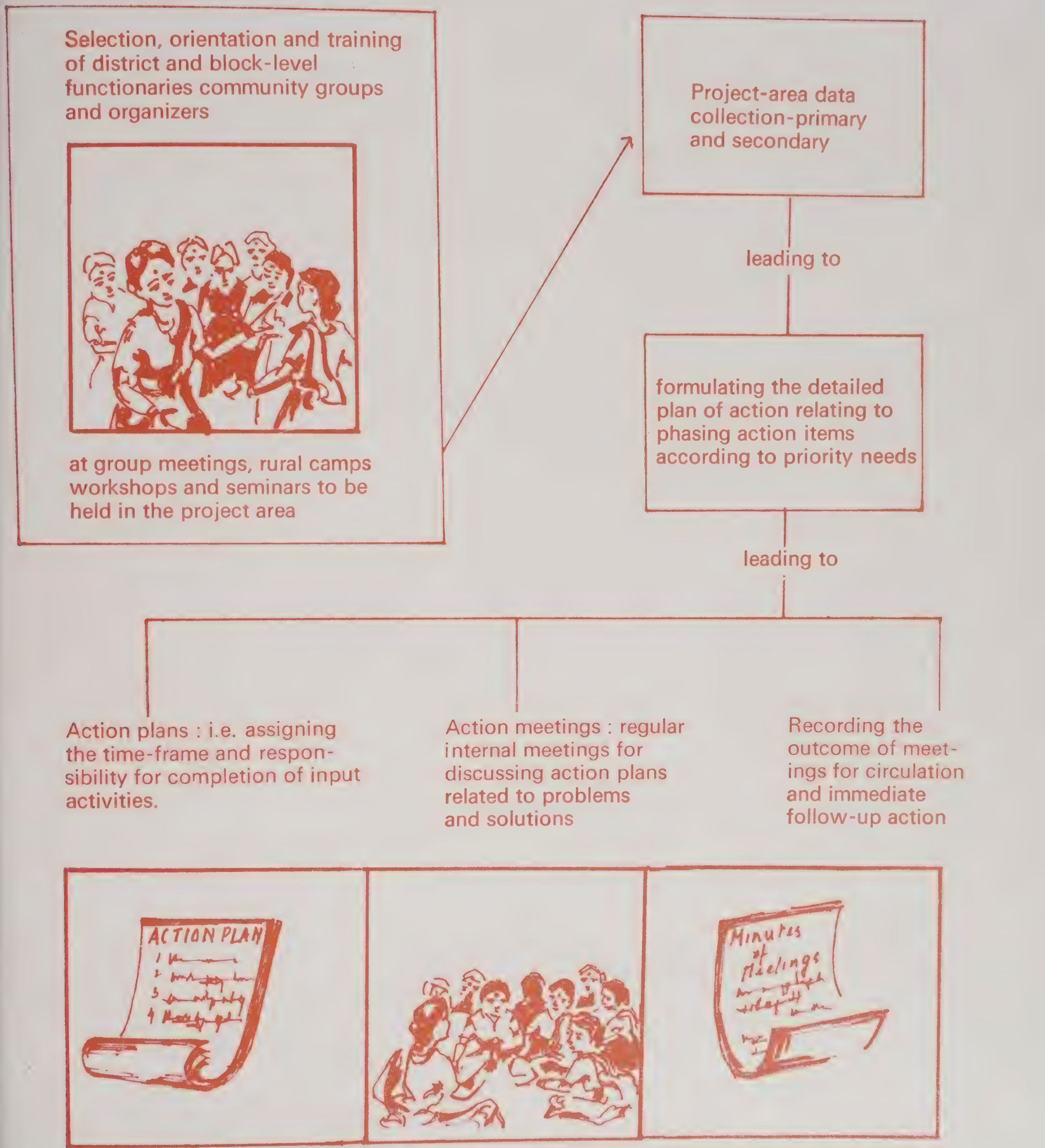
It is not expected that the whole district will, from the beginning, be covered by the programme. The initial selection may be a cluster of villages, or a larger area, on the basis of felt needs. Over a period of time (10 years) the programme can be expanded, in a phased manner, to cover other parts of the district.

## 3. Selecting and appointing an Assistant Project Officer at district level :

It is important to select a person who is able to work well with the community and with the government and who is able to involve the community at every step.



# The detailed plan of action







## 5. IMPLEMENTATION : SOME CRITICAL FACTORS

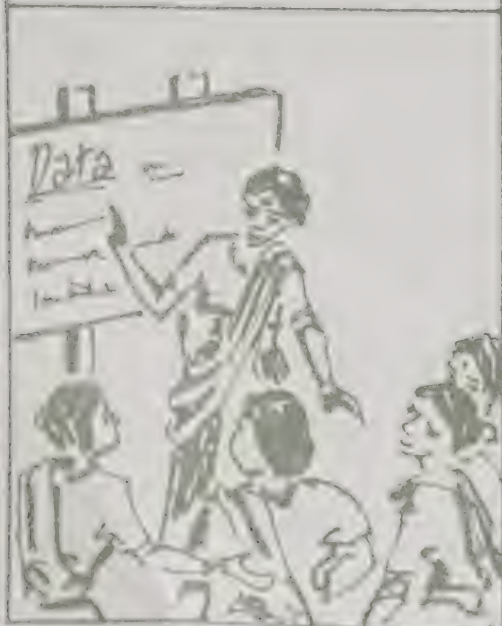
# Implementation

Effective implementation of DWCRA depends on decentralization, community involvement, training and effective articulation of the demand and delivery sectors (i.e. the community and government departments.)

DECENTRALIZATION is essential at three stages of the project :

## 1. PLANNING

for example  
in listing needs in  
order of priority;  
in collecting data  
and listing resources



## 2. IMPLEMENTATION

for example  
in utilizing local  
resources; in  
programming services  
through the  
community and  
by co-ordinating  
between the demand  
and delivery sectors  
at all levels and  
all stages



## 3. MONITORING AND EVALUATION

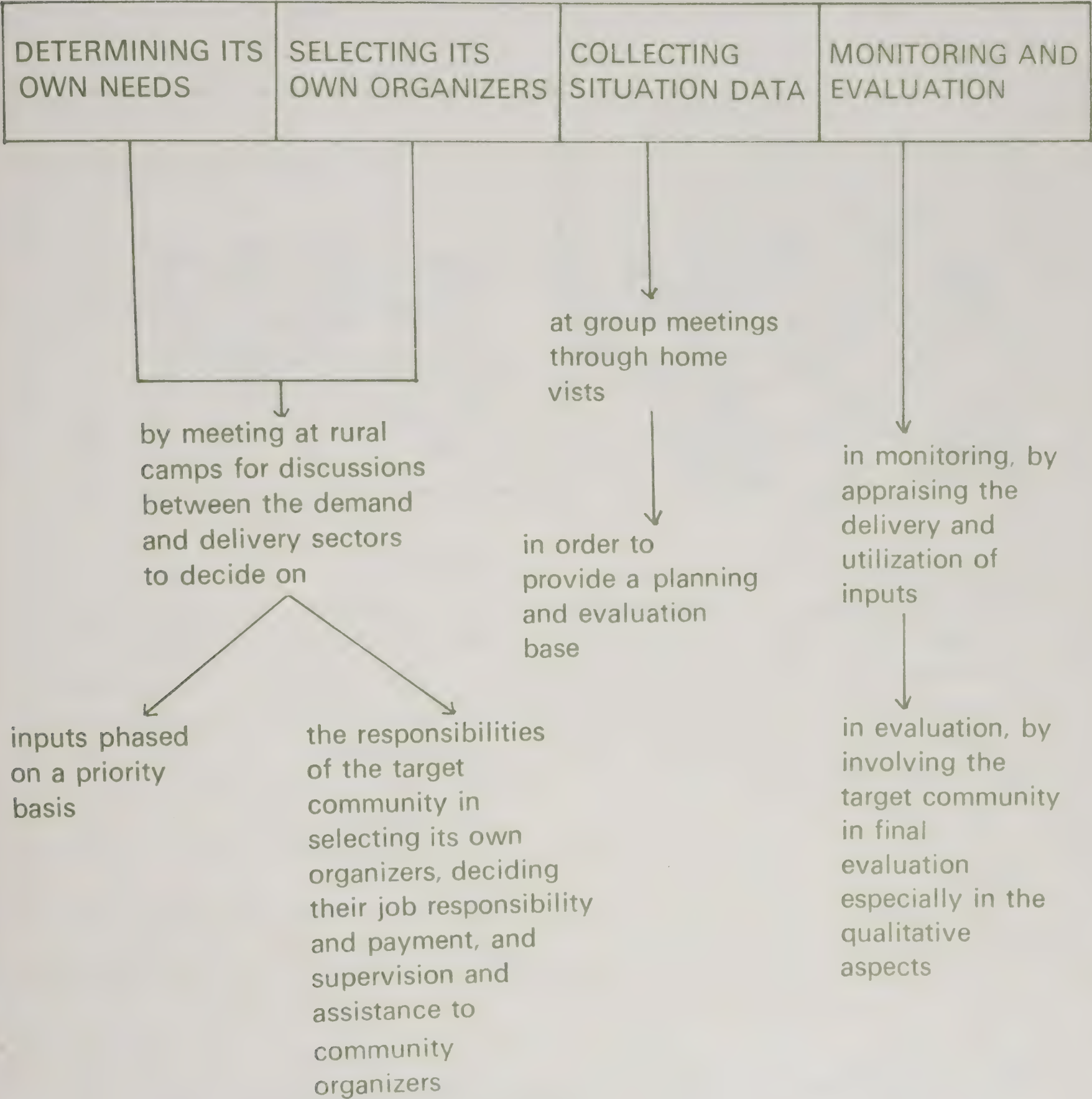
for example  
by cross-checking  
with the community  
for qualitative  
assessment and  
by identifying the  
future course of the  
programme in  
consultation with  
the community





# Community involvement

Involving the community does not mean merely asking for contributions in cash, kind or labour but involving the community at **all** stages of the project. The community can be involved in :



# Community organizers

One of the ways of involving the community in the project is to select a member of the community to function as a community organizer. The organizer should be familiar with the people, conversant with the local conditions and accepted by the community. Some other attributes of the community organizer are that he/she should be :



(a) necessarily

- from the target community
- selected by the target community
- working **with** the target community
- working **for** the target community

(b) preferably not

a government servant but a community representative

(c) ideally

- a woman
- middle-aged
- a mixer
- a doer
- energetic
- trusted
- respected

(d) preferably

compensated for her services by the community

There can be more than one organizer for each community



# Effective articulation of the demand and delivery sectors

If the objectives of DWCRA are to be achieved, the demand sector (i.e. those who determine the needs of the project area) and the delivery sector (i.e. those who work towards fulfilling these needs) must work together. The demand and delivery sectors are :

## DEMAND SECTOR

- (a) women and pre-school children in participant families
- (b) community organizers
- (c) community group representatives
- (d) voluntary agency representatives such as women from **mahila mandals**

## DELIVERY SECTOR

- (a) concerned village functionaries
- (b) community organizers
- (c) community group representatives
- (d) BDO's and other concerned block representatives
- (e) project co-ordinator, project officer and project staff
- (f) key community members
- (g) District Rural Development Agencies (DRDA) and district-level functionaries

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Effective articulation of the demand and delivery sectors involves pinpointing people who are responsible for deciding the most important and pressing needs of the community and those who are responsible for delivering the inputs to fulfil these needs and, once this is done, ensuring that the two work well together. That is, first

creating an effective demand, then

creating effective delivery systems then

facilitating interaction between the demand and delivery sectors.

# Effective demand

How can an 'effective demand' be created?

The aim of DW CRA is to define and fulfil the demands of a community. Since the demands of a community are made up of both individual and collective demands, it is necessary to organize the community into a group in order to better determine its demands and make use of the available resources. Group formation helps in creating effective demand because it leads to :

the organization of the demand sector so that the community can then deal effectively with the delivery sector.

a strength in unity which makes for better dealing with the delivery sector

for example, if there is a demand for income-generating activities

for example, in response to the demand, the delivery sector can set up banks, cooperatives training in income-generating skills and marketing

group formation, therefore, activates

group consciousness



pride in the group

discipline through group pressure and thus  
**EFFECTIVE GROUP ACTION**



# Training for creating an effective delivery system

For necessary services to be effectively delivered requires training in different kinds of skills.

## A. TECHNICAL SKILLS.

This means (a) training in skills of production and income-generation. For example, agriculture, animal husbandry, horticulture, tailoring, weaving, and (b) training in skills of conservation. For example, post-harvest technology, alternate energy resources and maintenance of acquired basic services.

## B, SKILLS IN CHILD-CARE

This means training in health and nutrition for the child and mother, leading to family health.

## C. MANAGEMENT SKILLS

These include training in planning, data-collection, implementation, monitoring, evaluation and marketing.

## D. SOCIAL SKILLS

These include training in group interaction and democratic functioning.

These skills are required to enable workers to begin the implementation of the project and to enable them to pass on the skills to the community so that the work can be carried on even after outside assistance is withdrawn.





## **6. INVOLVING THE COMMUNITY IN DWCRA**

# Involving the community in DWBCRA

In general : A community has to be involved in a development programme to the point where needs become conscious and strong enough to lead to action. It is only if this takes place that the programme will take root and benefit follow.

Community involvement means



**NOT JUST** asking the community for contributions in cash

**NOT JUST** asking the community for contributions in kind

**NOT JUST** asking the community for contributions in labour

**BUT :** Involving the community at all stages of the project : In the **PLANNING** because the community knows how best to identify and define its needs and problems.

In the **IMPLEMENTATION** because the community knows how best to plan and implement a programme related to its own needs.

and, similarly, in **ASSESSING THE IMPACT OF THE PROGRAMME** because its own members are more easily acceptable to the community and they can, therefore, judge how effective the programme has been.

If the community has played an active part in the programme, its members will be encouraged to continue development activity even after outside assistance has been withdrawn.



# Community involvement : the methodology

The community can be involved in planning, implementing and assessing DW CRA in various ways. This can be done :



by conducting rural camps, seminars, workshops, training courses



by selecting grassroots level organizations from the community itself

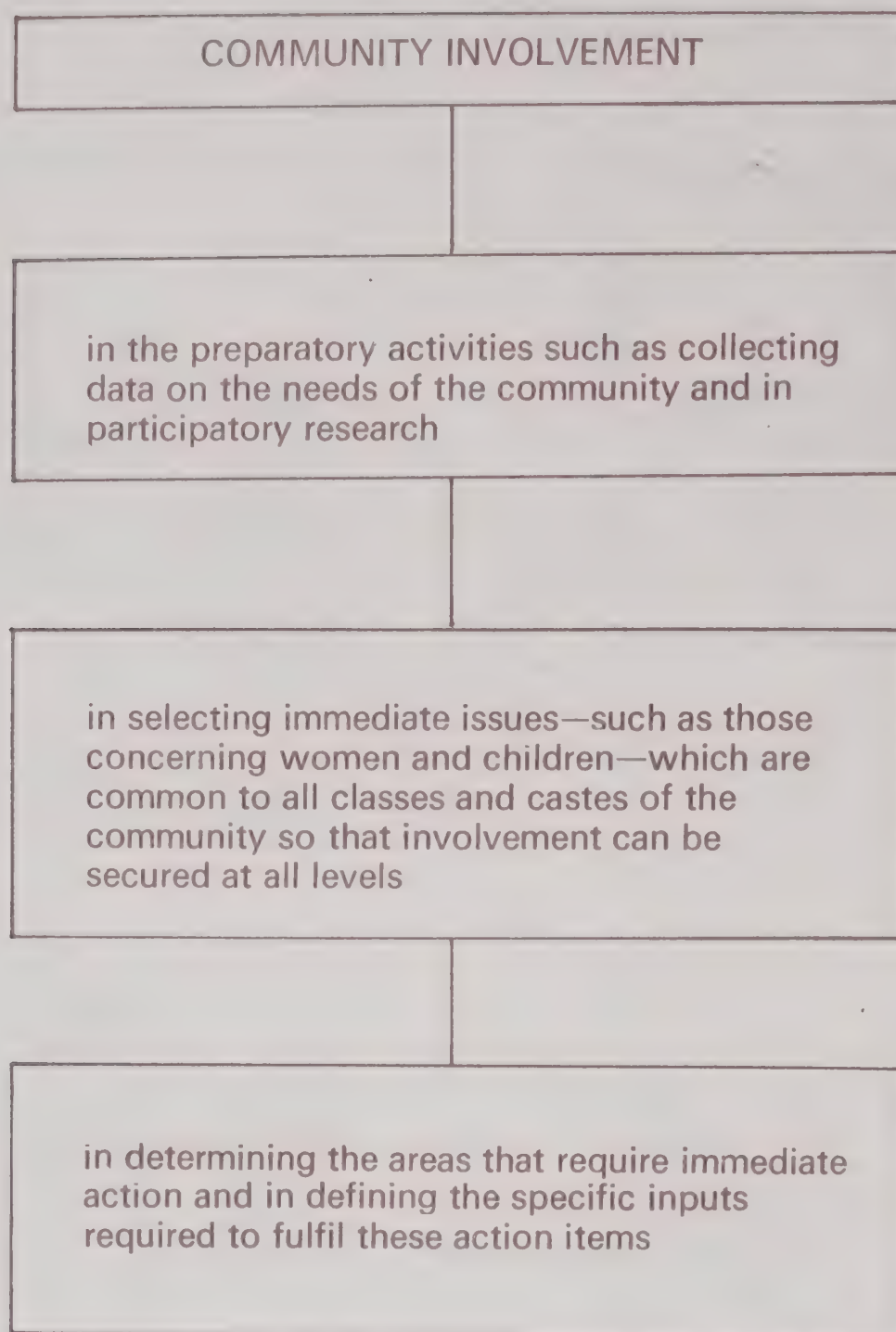


by selecting organizers from the community for undertaking action



by using the administrative and institutional infrastructure available in the area

# Involving the community in planning DWCRA





# Community involvement in implementation

Community involvement is an essential part of the process of implementation. Some of the ways in which the community can be involved in implementing DWCRA are :

- in selecting community organizers, in identifying their responsibilities and in assessing their functioning

- in overseeing the delivery and utilization of services

- in assisting in the monitoring and evaluation of the programme

Such community involvement will lead to :  
better implementation, better utilization, a lasting impact of the programme and enhance the capacity of the people to undertake development efforts.





## **7. A STRATEGY FOR BASIC SERVICES**

# A Strategy for Basic Services

The concentration during the 1960's, the First Development Decade, on economic growth assumed that eventually all the people would benefit as the nation attained its industrial and agricultural goals. In many developing countries this is not happening rapidly enough, or happening at all, and the resultant disparities are a source of social tension as well as human misery. To try and involve the poor and the underprivileged in the effort for their own uplift, a strategy for community-oriented basic services, has been evolved, building on experiments in various countries for meeting the minimum needs of human development.

The strategy is based in the village or the urban neighbourhood. The villagers choose from amongst themselves the person whom they regard as the best farmer, for example, or the person they most trust for health care, or the one they naturally turn to for advice on raising their babies. These persons become "community workers" who are given brief, simple, specialized training along with other workers similarly chosen from nearby villages or neighbourhoods. They return to their communities to provide basic services and to help their neighbours learn new ways of ensuring these services.

As the workers are of the community, they provide the community with the services it wants. Their neighbours, therefore, support them and participate in the activities. This is happening in parts of many countries. In a few, this approach has evolved into a strategy for social development, either countrywide or in specific development zones.

## *Rationale for a Strategy of Basic Services*

Originally it was thought that existing government services would reach out to more and more people as economic progress was made. This has not happened despite many governments having invested considerable resources in health, education and other social services. Services based on the older models of indus-

trialised countries do not spread far beyond the modern sector or scattered small areas where political pull has succeeded in installing them. The industrialised countries are themselves finding that, as salaries rise, it is necessary to use more lay workers in order to serve all the people.

In the developing world as a whole, some three-quarters of the population are not being effectively served. New generations are being born, growing up, and living out their lives without minimal services or basic education, contributing much less than they could to national development, with some becoming a burden to themselves and to society.

Many simple measures that can improve conditions of life in the rural countryside or poor urban areas are well known. Information about improving dwellings; which local foods provide better nutrition and how to store them; the need for keeping the household clean; why good sanitation is important to health; how to pipe water from the mountainside to protected wells; these and many others are the very subjects of basic education most needed by villagers or new urban dwellers. What is lacking is the means for imparting this information. Village or community workers serve as the network for conveying this kind of basic knowledge to the people, besides helping to translate it into practice.

Basic services may be criticized as offering second-rate services. This view is mistaken. Community workers are trained as technicians and become expert in precise tasks. In mass immunization campaigns, for example, lay vaccinators become more expert at giving a shot than supervisors who have wider professional training. As local people, community workers are more approachable and knowledgeable home visitors than outsiders. The system of community planning and supervision is more suited to local needs than remote bureaucratic control. Through community workers basic services are



started, and these can be progressively upgraded as workers' skills are improved by regular re-training and as resources grow.

This approach also helps overcome the problem "where are the resources to come from?" Basic services are labour-intensive. They mobilise the resource that is abundantly available but substantially neglected—human resources. A choice need not be made between activities aimed at economic growth and measures for social development. Both are necessary and mutually reinforcing. Involving rural villagers and urban neighbours in organizing their own essential services can be the starting point for vitalizing the rural countryside or educating urban dwellers into becoming skilled producers.

For stimulating people to become productive workers, activities leading to their own improvement have a natural priority. When they find that they can themselves take measures to improve their family and community living conditions, a more modern attitude towards problems solving replaces the age-old fatalism that blocks progress. Upon this new attitude can be built improved agricultural productivity and other measures benefiting national development. Once the urban poor become involved in neighbourhood projects to improve their own lives, their new energies and skills can be channeled into other constructive activities.

Many countries cannot immediately extend expensive governmental services to reach out to all their people. The resources are just not there. However, the experience of areas where the people themselves are the principal resource for their own improvement can be drawn upon. It is possible to make them self-generating force for economic growth and can be done with minimal initial costs and at long-term recurrent costs the community and nation will be able to afford.

### *The Young Child*

In developing basic services, special attention must be given to the needs of the young child. The first five years of life are the formative

years. Whether an individual survives the first few years and how, determines whether he or she will grow up into an energetic, productive adult. Malnutrition can make mild childhood diseases fatal. Prolonged poor nutrition can leave the child lacking in curiosity, energy and capacity for learning. Lack of calories, vitamins and minerals prevent the child from growing fully or may impair his vision. Many of the diseases of childhood can leave the individual permanently crippled or ill.

On the other hand, improved conditions of family and community life help overcome these many dangers of childhood. Improved midwifery, minimal preventive health measures, improved water supply and sanitation, cleanliness in the home, basic mother and child health care, knowledge on the part of the parents of family planning, better nutrition, campaigns for immunization and distribution of Vitamin A to prevent blindness—all these can be carried out by basic village workers to help the growing child grow to his full potential.

### *Organizing Basic Services*

There is no single model for providing basic services. Numerous countries are using some elements of this strategy for meeting the basic needs of their people. The approach can be made to work in different political or social settings, provided the will is there to begin and sustain the effort.

The undertaking should be thought of as a "process" by which—through experience and exchange of experiences—the nation gradually finds the best way to reduce rural and urban poverty by helping villagers and city dwellers take responsibility for essential services at the local level. A programme of this nature and dimension can only be developed over a period of years, but should be carried out within a time-frame that sets national and local goals.

Some of the common features of successful experiences already under way show how community workers can be organized within the framework of government services :



1) Community participation is the key to organizing and sustaining essential services in the village or poor urban neighbourhood. The people of the community are encouraged from the outset to participate in identifying their needs, deciding priorities, planning the sequence of implementation and choosing from amongst themselves those to receive training as community workers. This helps take into account local traditions and establishes the responsibility of the community for supporting its own services.

2) The priorities of the villagers or slum dwellers will suggest a natural sequence for beginning different community services. They should be planned in relation to each other and implemented as an integrated whole as soon as possible. These essential services include such activities as: growing and storing more and better quality foods, which local foods would be more nutritious, how to dig a well or latrine, why it is important that water be safe, simple measures for preventing and treating diseases common in the area, maternal and child health, family planning, measures to meet the basic educational needs of the community and the introduction of simple technologies to lighten the daily tasks of women and girls. These various activities are mutually supportive. Piecemeal, fragmented services do not work as effectively. Often they are allowed to fall into disuse by villagers who do not fully understand them or are not moved by the enthusiasm of self-development by their community.

3) The government, in undertaking the extension of essential services to those not yet served, usually builds on the existing network of services or on existing programmes in zones of development. These can be expanded, using the community worker approach based on community participation and support. Local situations will suggest opportunities for making the best beginnings.

4) Building on existing services will require a reorientation of the government infrastructure, making it supportive of the community services.

The existing network of services will then provide the direction, training, supervision, technical and logistical support and referral services for the village and the community workers.

5) The network of regular government services will then need more auxiliaries to free professional personnel for supervisory, training and other roles, and to support the community workers.

6) While community involvement is, from the outset, essential to success, one stage must obviously precede it: commitment on the part of the national government to this strategy. There may be resistance, for example, from those who believe that the services can only be delivered by fully trained professionals. If the strategy is to succeed, there must be political and administrative will and determination to carry it through. Usually the programme can first be started in certain areas, but the final goal should be to adopt it as a mass approach with the ultimate aim of reaching those not yet served by essential services.

Though this strategy draws upon the experiences of various countries, there is no single model for developing basic services. Local environment, customs and traditions must be taken into account in the entire process of planning and development. Opportunities must be sought in the local situation. However, much can also be learnt by exchange of information about actual experiences.

In planning basic services, the final objective should be to establish them on an integrated basis, so that they will be mutually supportive. While it may be advantageous or necessary to begin them sequentially, the intention should be to implement essential services for each village or neighbourhood as soon as possible. An approach that remains piecemeal wastes resources and ill-serves the intended members of the community.

This is recognized in many programmes already under way, such as the Jamkhed project



of Maharashtra, where health care is being developed along with measures for improving agricultural production, increasing water supply, extending electricity for irrigation pumps, constructing roads and buildings for schools and grain storage. Health is considered part of "total development". Extensive community involvement at the local level and use of the community's own resources are stressed.

### *Community Participation*

When initiating services in a community sequentially, the priority need should be established through discussion with the people. Water supply, for example, may be a felt need in some places. This will activate villagers to undertake this first, then other measures for improving their community. Joint work by representatives of government and the community to meet a real need is one of the best ways to develop community participation.

The involvement of the people of the community from the outset—in identifying their needs, choosing the sequence for beginning village improvements and in implementing them—helps take into account local traditions, customs and agrarian cycles of activity. Government workers at the next level above the community should be willing and able to respond to these initiatives. Development policy and support should be flexible enough to follow leads in several acceptable fields.

Points of entry may be sought by some sort of survey of needs and aspirations, preferably carried out by villagers trained for this purpose. A "community self-survey" is being used in Indonesia to learn the needs and wants of the villagers. A questionnaire is made and tried out on people from the community. Some members of the test group are then selected to carry out the survey. After brief training, they survey the needs, existing resources and aspirations of their fellow villagers.

Community participation is often easy to begin but is also often neglected. Care must be taken to select the right kind of people and to

keep up their enthusiasm by giving them support when needed.

### *Choosing the Village Workers*

Community participation should also be enlisted in choosing the community workers. The people of the community will place greater trust in their workers and turn more naturally to them when they participate in choosing from amongst themselves those to receive training. Consultation is advisable between the community and the government services responsible for training and technical support. Formal requirements, educational or otherwise, must not be set so high as to exclude too many community candidates. A village might have such workers as a farm adviser, a midwife, a basic health worker, a nutrition and child care adviser and a basic educator. When chosen by their neighbours, they can serve with more understanding than a better educated townsman who is unhappy with his rural assignment.

### *Community Support*

In addition to helping plan their community's activities and selecting their people to be trained as workers, the villagers or urban neighbours participate in the initial costs and in supporting local costs of basic services on a continuing basis. It is an essential feature of the system of basic services to keep local costs to a minimum. In some cases, village councils or individuals appointed for the purpose may manage the local services.

For the capital costs, community support may take the form of providing a building or contributing labour and materials for construction, as has already been done in many areas in India.

Community support towards running costs may be provided by the local administrative unit, that is from taxation; by a co-operative; from health insurance payments; by fees or gifts for services or by payments for medicines. Community workers may contribute their parttime services on a voluntary basis while they continue to support themselves from their regular source of income. Alternatively, they may be paid directly



or with individual gifts in return for services.

Community support of basic services can bring them within recurring costs that the nation will be able to afford. A cost-benefit analysis would show that the investment is repaid many times over by a growth of the national economy as the people become motivated to participate more effectively in rural and national development, not to mention the direct contribution of the services to raising the level of living

### **Some Examples from India**

The following examples from India illustrate the many different experiences that can be drawn upon by countries wishing to extend basic services. Some of the examples described have not reached the stage of comprehensive basic services, but are developing in that direction.

#### ***Kerala : Composite Programme for Women and pre-school Children***

In 1975, the International Women's Year, an idea was mooted in Kerala that women's groups (Mahila Samajams) can easily assume the responsibility for the development of children whose families lacked the means for it. The state already had about 10,000 Mahila Samajams, registered mostly in the rural areas. What they needed was a relevant programme and some initial, marginal, material support to work it successfully.

The programme envisaged regular feeding once a day of 100 least nourished children below 6 years and 30 expecting or nursing mothers of the local community. The more mal-nourished children among them, between 3 and 5 years, about 30 in number, would be kept on at a nursery (balwadi) for non-formal pre-school learning, plus a second feeding. Education would be extended to the mothers and other women in nutrition, health and sanitation. Economic activities for housewives, like goat-rearing, backyard poultry and kitchen gardens would be systematically promoted. Health inputs like medical check-ups, vaccines and vitamins would be provided to the children and the

mothers. There was scope for supportive innovations as may be thought of.

In mobilising and applying the resources needed, reliance was placed mainly on the voluntary effort of the local community of women, organized by the Mahila Samajam. The Samajam finds the land for building the Balwadi and a good part of the money for constructing it. It selects the Balwadi teacher from among the local community, deposes its members for training relevant to the programme, arranges periodic camps for the locally available sources of nutritious food, the importance of safe drinking water, environmental sanitation and personal hygiene. It organizes and supervises income-generating activities for women.

The openness of the Samajam's functioning minimizes the risk of misapplication or miscarriage of resources. The motivation is strong, as mothers do not have to be persuaded to care for children.

The material resources need to be supplemented, at any rate in the initial phase. This is done by the state government, CARE and UNICEF. They provide cash grants, material supplies and administrative facilities, up to an extent, but their role is essentially that of hand-maidens to the Mahila Samajams.

About 2,000 Mahila Samajams, out of the total 10,000 have qualified for, and engaged in the programme. As of mid-1980, about 200,000 pre-school children and 60,000 nursing and expecting mothers benefitted from it. The coverage is expanding progressively.

#### ***Andhra Pradesh : Hyderabad***

Urban community development under way for eight years, now reaches 60,000 out of 300,000 slum dwellers with a wide variety of improvement programmes—from primary health care and pre-school programmes to house construction and environmental upgrading. A small experienced staff works mainly with groups of slum dwellers who organize and act on their own behalf. The staff is committed to the principle of linking physical improvement of the slums



with human services. An extension is being organized to provide a broad spectrum of basic services to all children in the 0.6 age group.

**Gujarat : *Vasana, Ahmedabad resettlement project***

The Ahmedabad Study Action Group (ASAG) has built a colony for 2,250 families whose slum colonies were destroyed by floods. These were the significant aspects :

- a) the successful collaboration of municipal, state, centre, international agencies, and local voluntary organizations;
- b) the involvement of the slum dwellers from the outset to make this a total development project rather than simply a resettlement one;
- c) the fact that the people are buying their own houses over a period of 18 years at Rs. 20/- per month.

**Haryana : *Narangwal***

A well established model of primary health care services in a small area is administered by the All India Institute of Medical Sciences, as a pilot area for primary health care training. The AIIMS advocates the use of village level workers in primary healthcare, and plans to go beyond the field of health as soon as possible. The pilot

area is being extended to cover the district.

**Maharashtra : *Jamkhed in Ahmednagar District***

An experiment in primary health care services was started in 1970 in a rural area of 30 villages (40,000 population). It trained female village health workers and brought the Ayurvedic doctors and traditional midwives and healers into the system. Auxiliary workers from the next echelon visit each village once a week. Two doctors guide the services and man the health centre at Jamkhed.

Through close contact with the people, the village health workers found that their priorities were not health services but an increase of agricultural and food production, access roads, electricity and the provision of irrigation and drinking water and housing. The project responded to these needs in various ways within its means, e.g. by renting cultivating machines, deepening wells, providing better seeds, etc.

The community participates in decisions, provides land and buildings, gives foodstuffs for supplementary feeding, builds roads, mobilises the population for vaccination and is active in other similar areas.





## **8. THE NEXT STEP IN COMMUNITY PARTICIPATION**

# The Next Step in Community Participation

## INTRODUCTION

The idea of community participation has been with us for a long time but it keeps being rediscovered by each new generation. The term usually implies a process or a programme, designed by an external agency which for various reasons, desires the client population to be involved. This desire may spring from many motivations: values—i.e. a programme is better if the people are involved in it; pragmatism—a programme is more likely to be understood and supported by people if they are involved in it; political or social symbolism—it can be considered a “people’s programme” if people are involved in it; material—project costs may be reduced if there is participation of the people.

The early community development programme in India was often described as “a government programme with people’s participation”. This was a radically different interpretation which was deeply understood and believed by very few. It is such an interpretation of community participation which underlies this paper.

## THREE QUESTIONS FOR ASSESSING COMMUNITY PARTICIPATION

The first question is: At what point in the process of programme development are the people expected and encouraged to participate? Ideally it should begin at the planning stage, but for the most part, it is in the implementation stage. This is because we fail to make one simple assumption: that everyone has a brain and can use it. The failure of many development projects—from agricultural extension to family planning—arises from our inability to accept deeply this simple and obvious assumption. Perhaps, the first step in community participation is this assumption.

Another question is: Who feels that change is necessary? Is it the outside observer or the resident of the area? I do not mean to imply that the outsider has no right to a view about what changes are necessary, but if it is a view which leads to a set of goals, which the people

have not helped to define, then “participation” becomes manipulation. This paper takes the position that people have a right to participate in decisions which affect themselves. If one accepts this view, then one must be prepared for a decision from the people that this is not the project in which they would like to participate. It means also that the external agent must be prepared for the eventuality that people will define a need and seek the participation of the external agent in meeting, even though it may not seem to be a priority to the external agent. In some cases it may even appear to be a diversion from their real basic need.

Does this mean then, that because we have a pre-existing agenda we cannot begin our work? In my view, it does not. But what it does mean, is that we must frankly, as one intelligent human being to another, approach the people with whom we would like to work with utmost honesty and say as clearly as possible exactly what we would like to see happen, why we would like to see it happen and why feel it important for this happening to be a mutual happening. There is nothing wrong with trying to help people as long as people accept the help, accept the bonafides of the would-be helper and do not become excessively dependent upon him/her. There is much wrong with the would-be helper assuming that he or she has some special wisdom; and that it is necessary to trick, bribe, deceive or to manipulate people into doing “what is best” for them. The open equalitarian process may take much longer, and in fact, it may never lead to accomplishing the goals of an external agent; however, if those goals are understood and accepted by local people they are likely to continue working toward them whether the external agent is there or not.

A third question is then: Are we ready to start where the people are and go where they want to go? If so, hopefully, we can take the next step in community participation.



## THE NEXT STEP

This step calls for two radical changes on the part of both the poor and the intervening developmental agencies. These changes are perceptual and organisational. The perceptual change means a shift from viewing the poor as being "marginal", "problems" or at best "beneficiaries" of services. They must be seen as indispensable actors in the development drama, problem solvers, participants and partners, rather than passive "beneficiaries" or recipients of services. This means a corresponding change in our perceptions of ourselves. People in development agencies must see themselves no longer in the patronizing role of "friends, philosophers and guides", but as professionals, participants and partners in the developmental process.

The organizational change required is to institutionalize community participation as an integral part of a total system for improving

the physical environment and the basic social services of the poor. This is what is implied in UNICEF's Basic services Approach. Such a change can take place when we frankly face the fact that the problems of providing the poor in India with improved shelter, sanitation, adequate nutrition, clean drinking water, basic health and educational services are so enormous and staggering, that they cannot possibly be solved by our present conventional approaches. The logic of our own statistics tells us this, but somehow we turn away from the inevitable conclusion. This paper suggests that our only possibility is to redefine radically the relationship between the helping agencies and the people, so that the people are full partners and the role of the helping agency is just that—to help people do the job which they are doing now, better. In short, people's programmes with agency participation. Such a redefinition would have profound programming implications.





## In summary : the critical steps for implementing DW CRA are :

